

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

FEB 01 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate Bennie L. Turner
 Address Post Office Box 312, West Point, MS 39773
 Telephone 662-494-6611 Fax 662-494-4814
 Contact Name Bennie L. Turner Email blt@bturnerlaw.com
 Office Sought Senator 16 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$4,970.00 ^{+\$}	\$ 4,970.00	\$ 4,970.00
Total amount of disbursements	\$3,831.68 ^{+\$}	\$ 3,831.68	\$ 3,831.68
Total amount of cash on hand		\$ 1,097.32	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/31/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Bessie L. TurnerReporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>	<u>1/4/10</u>	\$ <u>500.00</u>
Mailing Address <u>421 East Main Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>West Point, MS 39773</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT-T Mississippi Political Action Committee</u>	<u>8/16/10</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capital St Landmark Ctr. Room 703</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>	<u>8/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories</u>	<u>11/4/10</u>	\$ <u>350.00</u>
Mailing Address <u>4708 Hilldale Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Memphis, TN 38114</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>350.00</u>

Name of Candidate or Committee Bessie L. TurnerReporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association For Homecare</u>	<u>11/22/10</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St. Suite B</u>	<u> / / </u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company LLC</u>	<u>12/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>St. Centene Corporation</u>	<u> / / </u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>	<u>12/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>600 Hogan Street</u>	<u> / / </u>	\$
City, State, Zip Code <u>Starkville, MS 39759</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bessie L. Turner Campaign Fund</u>	<u>12/21/10</u>	\$ <u>120.00</u>
Mailing Address <u>P.O. Box 312</u>	<u> / / </u>	\$
City, State, Zip Code <u>West Point, MS 39773</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>120.00</u>

Name of Candidate or Committee Bessie L. Turner

Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>MDPAC</u>		<u>8/23/10</u>	\$ <u>1,000.00</u>
Mailing Address			
<u>2630 Ridgewood Road, Suite C</u>		<u>___/___/___</u>	\$
City, State, Zip Code			
<u>Jackson, MS 39216-4920</u>		<u>___/___/___</u>	\$
Name of Employer (Required)			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>Bessie L. Turner</u>		<u>10/28/10</u>	\$ <u>1,000.00</u>
Mailing Address			
<u>P.O. Box 312</u>		<u>___/___/___</u>	\$
City, State, Zip Code			
<u>West Point, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required)			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Mailing Address			
<u>___/___/___</u>		<u>___/___/___</u>	\$
City, State, Zip Code			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Name of Employer (Required)			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Mailing Address			
<u>___/___/___</u>		<u>___/___/___</u>	\$
City, State, Zip Code			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Name of Employer (Required)			
<u>___/___/___</u>		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Bennie L. Turner
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Committee to Re-Elect Tyee Irving</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Post Office Box 24112</u>	<u>10/27/10</u>	\$ <u>210.00</u>
City, State, Zip Code <u>Jackson, MS 39225-4112</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>210.00</u>
B. Full name <u>Childers for Congress</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 177</u>	<u>10/27/10</u>	\$ <u>210.00</u>
City, State, Zip Code <u>Boonville, MS 38829</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>210.00</u>
C. Full name <u>Committee to Re-Elect Jim Kitchen's Circuit Judge</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Post Office Box 448</u>	<u>10/27/10</u>	\$ <u>210.00</u>
City, State, Zip Code <u>Caledonia, MS 39740</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>210.00</u>
D. Full name <u>Committee to Elect Nehra Porter, Circuit Judge</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 262</u>	<u>10/27/10</u>	\$ <u>210.00</u>
City, State, Zip Code <u>West Point, MS 39773</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>210.00</u>
E. Full name <u>Committee to Elect Bob Marshall</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1216</u>	<u>10/27/10</u>	\$ <u>210.00</u>
City, State, Zip Code <u>West Point, MS 39773</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>210.00</u>
F. Full name <u>Committee to Elect Lee Coleman</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1001</u>	<u>10/27/10</u>	\$ <u>210.00</u>
City, State, Zip Code <u>Columbus, MS 39703</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>210.00</u>

Name of Candidate or Committee Bennie L. Turner
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Committee to Elect William Starks</u>	Date (Mo., Day, Year) <u>10/27/10</u>	Amount of each disbursement this period \$ <u>210.00</u>
Mailing Address <u>P.O. Box 1346</u>		
City, State, Zip Code <u>Columbus, MS 39703</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>210.00</u>
B. Full name <u>Bennie L. Turner Campaign Fund</u>	Date (Mo., Day, Year) <u>10/29/10</u>	Amount of each disbursement this period \$ <u>600.00</u>
Mailing Address <u>P.O. Box 312</u>		
City, State, Zip Code <u>West Point, MS 39773</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>600.00</u>
C. Full name <u>Turner & Associates P.L.L.C.</u>	Date (Mo., Day, Year) <u>12/1/10</u>	Amount of each disbursement this period \$ <u>125.00</u>
Mailing Address <u>P.O.</u>		
City, State, Zip Code <u>West Point, MS 39773</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>NE Daily Journal</u>	Aggregate Year-to-date	\$ <u>125.00</u>
D. Full name <u>The Green Leaf</u>	Date (Mo., Day, Year) <u>12/1/10</u>	Amount of each disbursement this period \$ <u>94.70</u>
Mailing Address <u>620 West Main Street</u>		
City, State, Zip Code <u>West Point, MS 39773</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>94.70</u>
E. Full name <u>The Clarion Ledger</u>	Date (Mo., Day, Year) <u>12/14/10</u>	Amount of each disbursement this period \$ <u>262.98</u>
Mailing Address <u>P.O. Box 9001098</u>		
City, State, Zip Code <u>Louisville, KY 40290-1098</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Subscription</u>	Aggregate Year-to-date	\$ <u>262.98</u>
F. Full name <u>Hemmant Bank</u>	Date (Mo., Day, Year) <u>1/31/10</u>	Amount of each disbursement this period \$ <u>63.00</u>
Mailing Address <u>P.O. Box 4140</u>		
City, State, Zip Code <u>Tupelo, MS 38803-4140</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Bank Charges</u>	Aggregate Year-to-date	\$ <u>63.00</u>

Name of Candidate or Committee Bennie L. Turner
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Cash / BL Turner</u>	Date (Mo., Day, Year) <u>12/20/10</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>P.O. Box 312</u>		
City, State, Zip Code <u>West Point, MS 39773</u>		
Purpose of Disbursement (Optional) <u>Christmas Gifts For</u>	Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name <u>Bennie L. Turner</u>	Date (Mo., Day, Year) <u>12/21/10</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 312</u>		
City, State, Zip Code <u>West Point, MS 39773</u>		
Purpose of Disbursement (Optional) <u>Loan Repayment</u>	Aggregate Year-to-date	\$ <u>1,000.00</u>
C. Full name <u>Bank First</u>	Date (Mo., Day, Year) <u>12/31/10</u>	Amount of each disbursement this period \$ <u>16.00</u>
Mailing Address <u>Post Office Box 31</u>		
City, State, Zip Code <u>Macon, MS 39341</u>		
Purpose of Disbursement (Optional) <u>Bank Charges</u>	Aggregate Year-to-date	\$ <u>16.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$